

2010 OCT -6 ₽ 4: 05

**Committee Name:** 

Protect Alaska's Future

If registered, FEC ID:

Today's Date:

09/29/2010

Federal Election Commission 999 E Street, N.W. Washington, D.C. 20463

Re: Form 1, Statement of Organization - Unlimited Contributions

## To Whom It May Concern:

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Respectfully submitted,

Treasurer's Name:

Myrna M Maynard

, Treasurer

**FEC** 

Only

## STATEMENT OF

SECRETARY OF THE SENATE

10 OCT -4 AM 10: 44 **ORGANIZATION** FORM 1 Office Use Only Example: If typing, type NAME OF (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. rotect Alaska's Box 90305 ADDRESS (number and street) (Check if address is changed) CITY STATE ZIP CODE COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address) protectalaskasfuture.com (Check if address is changed) COMMITTEE'S WEB PAGE ADDRESS (URL) <sub>i</sub>www.protectalaskasfuture.com (Check if address is changed) DATE **FEC IDENTIFICATION NUMBER** U ÷ IS THIS STATEMENT OR AMENDED (A) NEW (N) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Myrna M Maynard Type or Print Name of Treasurer Date Signature of Treasurer NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 02/2009) Toll Free 800-424-9530

Local 202-694-1100

FEC F	Form 1 (Revised 02/2009) Page 2
	COMMITTEE
Cendida	te Committee:
(a)	This committee is a principal campaign committee. (Complete the candidate information below.)
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)
Name of Candidate	
Candidate Party Affilia	Office State Sought: House Senate President District
(c) X	This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name of Candidate	Joseph Miller
Party Co	mmittee:
(d)	(National, State (Democratic, Republican, etc.) Party.
Political	Action Committee (PAC):
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
	Corporation Corporation w/o Capital Stock Labor Organization
٠	Membership Organization Trade Association Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.
(f) [	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
	In addition, this committee is a Lobbyist/Registrant PAC.
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)
Joint Fur	ndraising Representative:
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.
Co	mmittees Participating in Joint Fundraiser
1.	FEC ID number C
2.	FEC ID number
3.	FEC ID number C
4.	FEC ID number C

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FEC Form 1 (Rev Write or Type Committee		Page 3
Protect Alask		
6. Name of Any Confec	ted Organization, Affiliated Committee, Joint Fundralsing Represent	ative, or Leadership PAC Sponsor
4		
	<u> </u>	
Mailing Address		
	CITY STA	ATE ZIP CODE
Relationship: Conr	nected Organization Affiliated Committee Joint Fundraising Repre	esentative Leadership PAC Sponsor
7. Custodian of Records books and records.	: Identify by name, address (phone number optional) and position of	the person in possession of committee
.Mv	rna MMaynard	
Full Name		
Mailing Address	P O Box 90305	
	· [Anchorage] A	K
Title or Position	CITY STAT	E ZIP CODE
<sub>i</sub> Treasurer	Telephone number	[907, ]-[279, ]-[1275
	Telephone number	
	ne and address (phone number optional) of the treasurer of the comme.g., assistant treasurer).	mittee; and the name and address of
Full Name of Treasurer	rna M Maynard	
Mailing Address	2237 Forest Park Drive	
	Anchorage	K <sub>   </sub> 99517 <sub>   -</sub>   , ,
	CITY STAT	E ZIP CODE
Title or Position	Telephone number	907,  - 279,  - 1275

FEC For	m 1 (Revise	02/2009)	<del></del>				Page 4
Full Name of Designated							
Agent							
Mailing Address							11111
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			CITY	1111	STATE		ZIP CODE
Title or Position			On i		SIAIL		Zii GODE
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safety deposit b	oxes or mair Depository, o	etc.	B <sub>I</sub> A <sub>I</sub> N <sub>I</sub> K <sub>1</sub>				
Banks or Other safety deposit b Name of Bank, Mailing Address	oxes or mair Depository, o	tains funds. etc.	·				
safety deposit b Name of Bank,	oxes or mair Depository, o	tains funds. etc. 1 <u>H.R.I.M.</u> 12,7,0,9,	BANK, SPENARD I				
safety deposit b Name of Bank,	oxes or mair Depository, o	tains funds.  Stc.    12,7,0,9,	BANK, SPENARD I	R <sub>1</sub> O <sub>1</sub> A <sub>2</sub> D <sub>1</sub>			
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safety deposit b Name of Bank, Mailing Address	oxes or main	tains funds.  Str.  Str.	BANK, SPENARB	R <sub>1</sub> O <sub>1</sub> A <sub>2</sub> D <sub>1</sub>	VA.K. STATE		50 <u>3</u> I-L
safety deposit b Name of Bank, Mailing Address  Name of Bank,	Depository, o	Itains funds.  Stc.  IHR   M   2,7,0,9,   H,N,C,H,C	BANK, SPENARD, RAGE  CITY	R <sub>1</sub> O <sub>1</sub> A <sub>2</sub> D <sub>1</sub>	M.K. STATE	19.9 ±	∑IP CODE
safety deposit b Name of Bank, Mailing Address	Depository, o	Itains funds.  Stc.  IHR   M   2,7,0,9,   H,N,C,H,C	BANK, SPENARB	R <sub>1</sub> O <sub>1</sub> A <sub>2</sub> D <sub>1</sub>	M.K. STATE	19.9 ±	∑IP CODE
safety deposit b Name of Bank, Mailing Address  Name of Bank,	Depository, o	Itains funds.  Stc.  IHR   M   2,7,0,9,   H,N,C,H,C	BANK, SPENARD, RAGE  CITY	R <sub>1</sub> O <sub>1</sub> A <sub>2</sub> D <sub>1</sub>	M.K. STATE	19.9 ±	∑IP CODE
safety deposit b Name of Bank, Mailing Address  Name of Bank,	Depository, o	Itains funds.  Stc.  IHR   M   2,7,0,9,   H,N,C,H,C	BANK, SPENARD, RAGE  CITY	R <sub>1</sub> O <sub>1</sub> A <sub>2</sub> D <sub>1</sub>	M.K. STATE	19.9 ±	∑IP CODE

(3/2005)

## **Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS** The FEC added this page to the end of this filing to indicate how it was received. Date of Receipt Hand Delivered Postmarked **USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS Priority Mail** Delivery Confirmation™ or Signature Confirmation™ Label Postmarked **ÚSPS Express Mail** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): Next Business Day Delivery Date of Receipt Received from House Records & Registration Office Date of Receipt Received from Senate Public Records Office **Date of Receipt** Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify): **PREPARER** DATE PREPARED